



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Existing Agency Provider Enrollment

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Existing Agency Provider Enrollment

- For anyone who was an agency provider **before June 1, 2015**
- Register for Single Sign-On and CHAMPS
- Verify provider information in CHAMPS

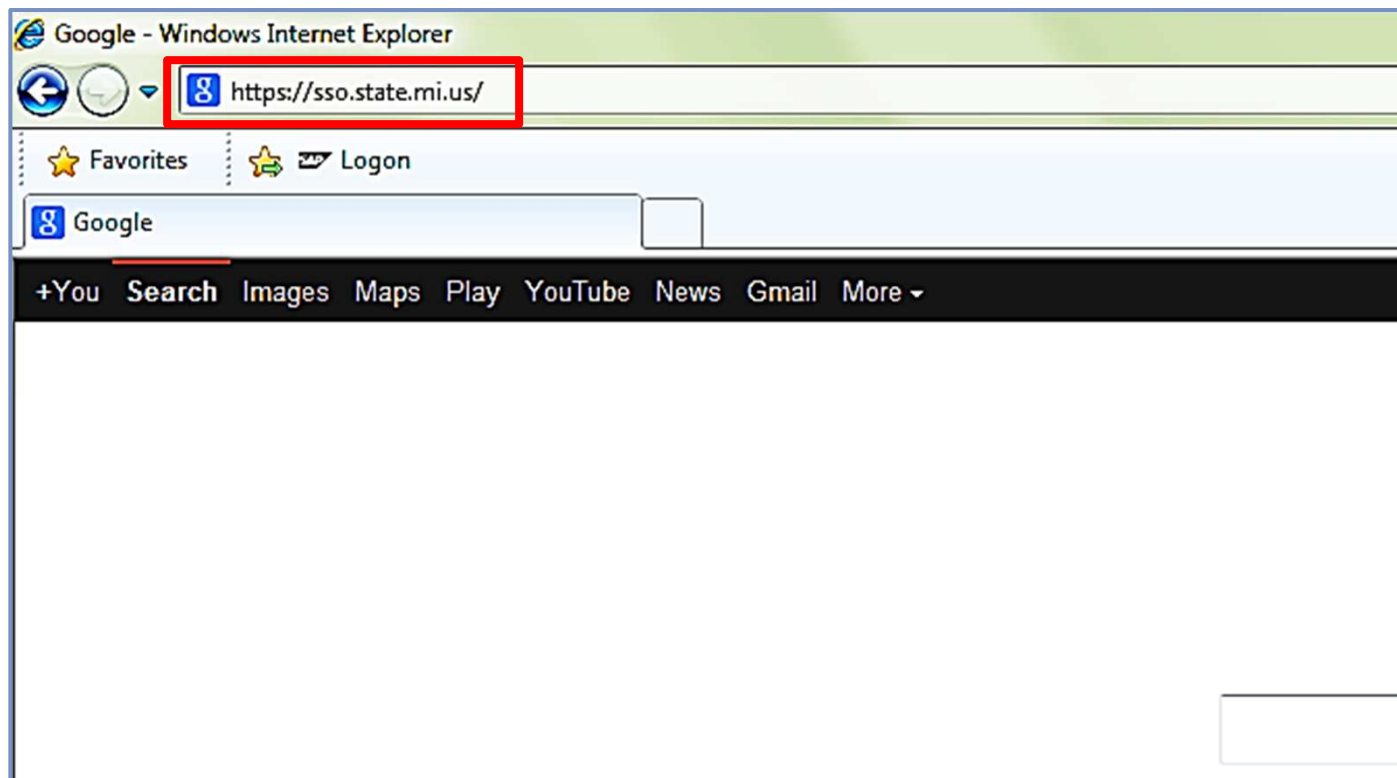
Call the Provider Support Helpline if you need assistance:
1-800-979-4662

Register for Single Sign On and CHAMPS

Single Sign On is a website that allows a user to enter one name and password in order to access multiple applications.

CHAMPS is the Community Health Automated Medicaid Processing System. Providers will enroll, update enrollment information, and report services performed in this system.

Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.) and type **https://sso.state.mi.us/** into the search bar.



Providers must register a SSO User ID before gaining access to the site.
Select the **Register** button from the State of Michigan Single Sign On page.

State of Michigan Single Sign On

INT

Please Login or Sign-Up to use Single Sign-On

Login

User ID:

Password:

Forgot Password?

If you have forgotten your password, click Need Password.
Single Sign-On system will email you a new temporary password.

Sign-Up

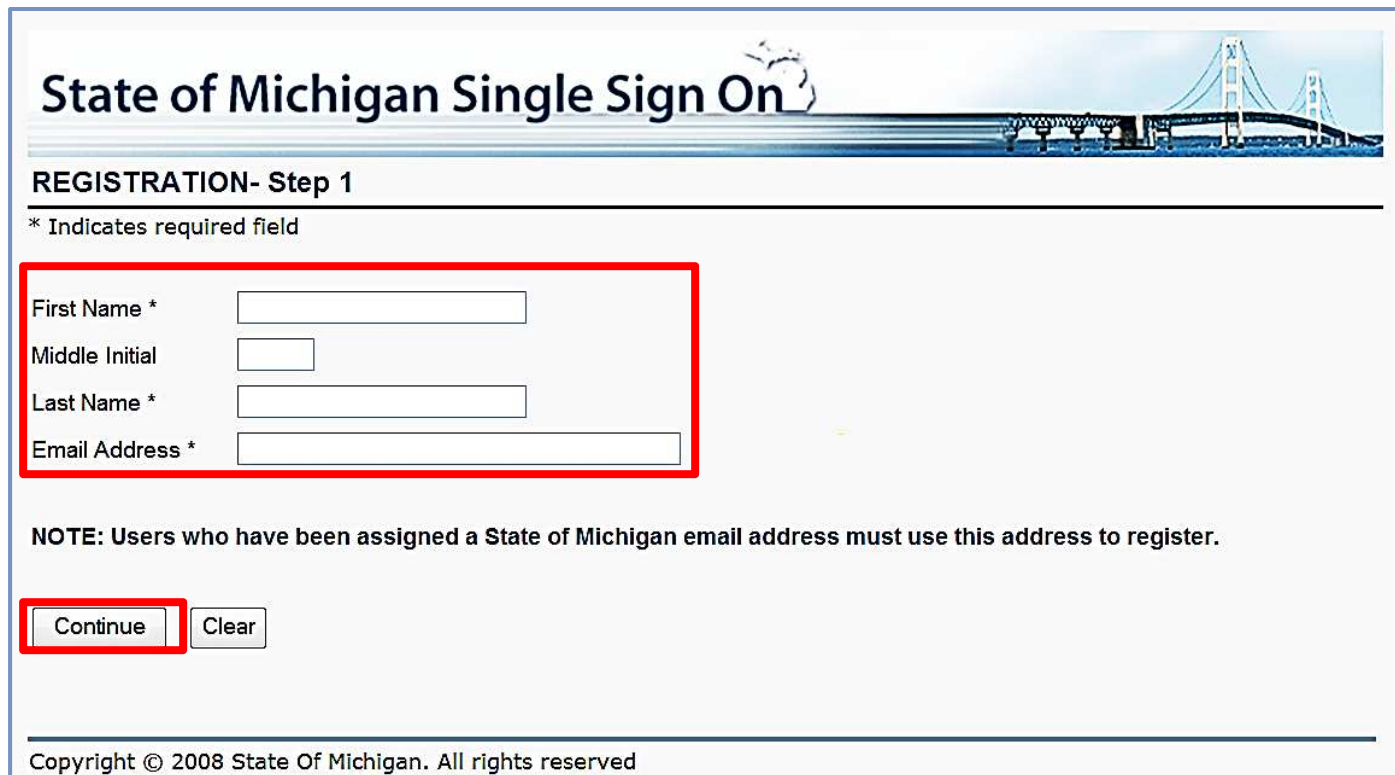
If you are a new user to Single Sign-On, click Register to create your User ID and Password.

[Michigan.gov Home](#) | [Help/FAQs](#) | [Contact Us](#)

Fill in the required information, indicated by the star (*): *First Name, Last Name, and Email Address.*

Make sure the email address is correct as a temporary password will be sent there.[†]

Click **Continue**.



The image shows a web form titled "State of Michigan Single Sign On" with a background image of a bridge. Below the title is the heading "REGISTRATION- Step 1". A note states "* Indicates required field". There are four input fields: "First Name *", "Middle Initial", "Last Name *", and "Email Address *". The "First Name *", "Last Name *", and "Email Address *" fields are enclosed in a red rectangular box. Below the fields is a "NOTE: Users who have been assigned a State of Michigan email address must use this address to register." At the bottom are two buttons: "Continue" and "Clear". The "Continue" button is also enclosed in a red rectangular box. The footer text reads "Copyright © 2008 State Of Michigan. All rights reserved".

State of Michigan Single Sign On

REGISTRATION- Step 1

* Indicates required field

First Name *

Middle Initial

Last Name *

Email Address *

NOTE: Users who have been assigned a State of Michigan email address must use this address to register.

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[†] If you currently do not have an email address, you can create one for free from a number of service providers. A simple internet search for “free email account” will display several options.

Enter a four digit number, or click to allow the system to generate one for you.

Type the number outlined in blue in the empty white box above (this is a security measure).

Click **Continue**.

State of Michigan Single Sign On



REGISTRATION- Step 2


Please Enter a four digit number to create a unique UserID : [Why should I enter this number?](#)

(OR)

Please generate a random four digit number for me : ☐ Yes ☒ No

Enter the number as it is shown in the box below * :

21653




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You will receive a confirmation page as shown below. The information you entered is displayed for review before it is submitted to the SSO system.

If corrections need to be made, click **Back** and make corrections.
If the information is correct, click **Submit**.

State of Michigan Single Sign On



USER REGISTRATION CONFIRMATION

Please review the following information. Click Submit

First Name	: John
Initial	:
Last Name	: Doe
Email Address	: doe51487@gmail.com
Your User Id will be	: doe3636

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Confirm information is correct

Click **Close** button.

State of Michigan Single Sign On

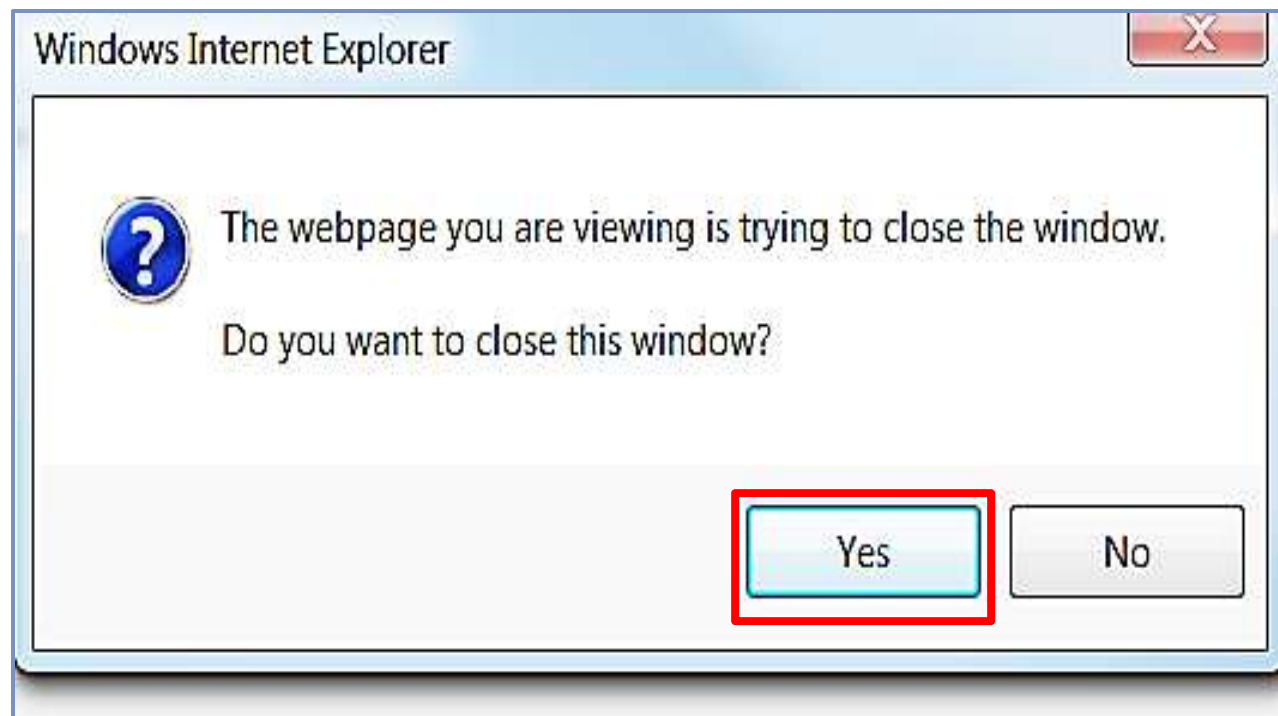


Your request to be registered to the Michigan Web Site is being processed. You will receive an Email within 24 hours with your User Id and password.

Close

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A dialog box identical to the one below will appear.
Click **yes**.

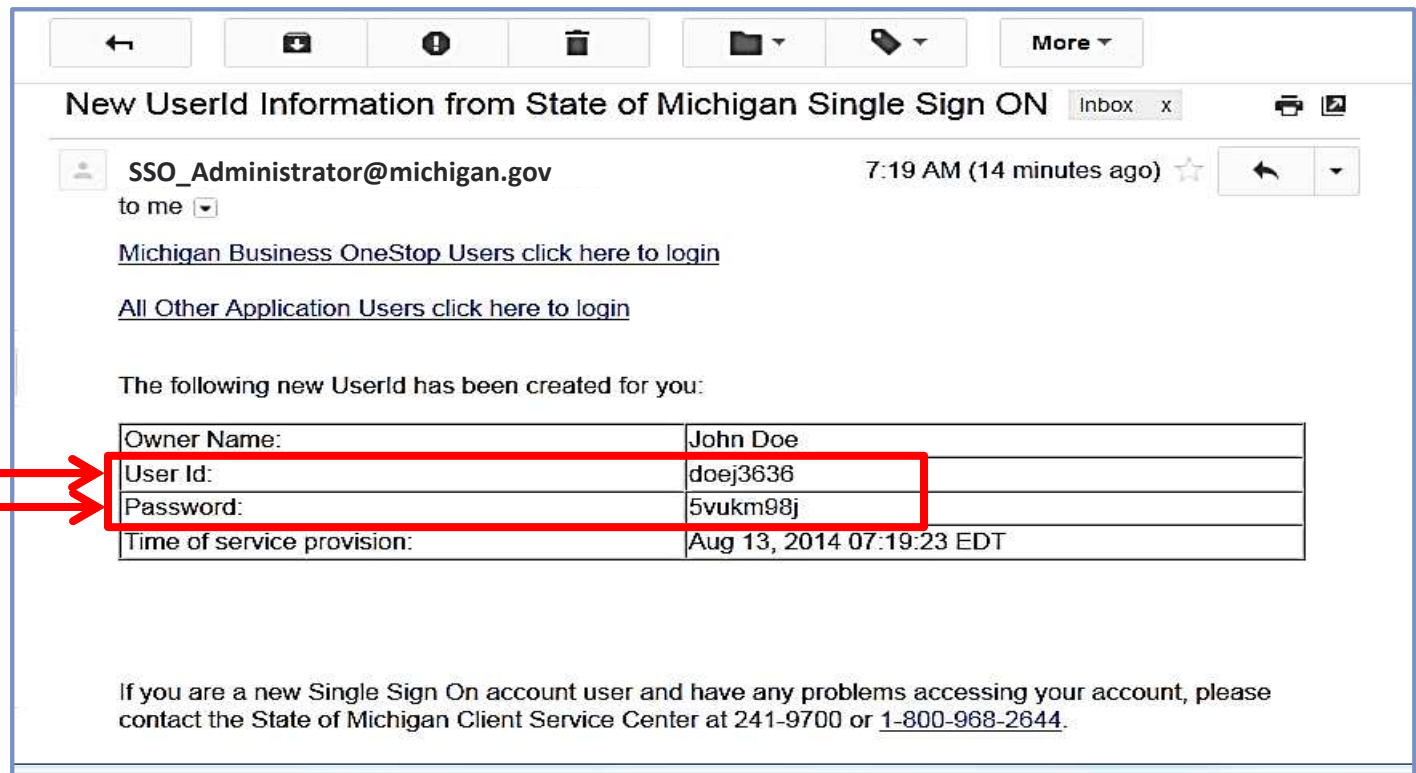


An email will be sent to the email address you supplied in the registration process. Check that email for a message from SSO_Administrator@michigan.gov that includes your **User ID** and **Temporary Password**.

***NOTE: You will only have **48 hours** to use the temporary password before it expires.

***NOTE: You may need to check your **Junk** or **SPAM Mail** folders as sometimes this email will be sent there instead of your inbox. Please make sure your email will allow you to receive emails from SSO_Administrator@michigan.gov.

***All user accounts are created with a temporary password that can only be used once and *must* be used within the **48 hour** time frame.



New UserId Information from State of Michigan Single Sign ON

SSO_Administrator@michigan.gov 7:19 AM (14 minutes ago)

to me

[Michigan Business OneStop Users click here to login](#)

[All Other Application Users click here to login](#)

The following new UserId has been created for you:

Owner Name:	John Doe
User Id:	doej3636
Password:	5vukm98j
Time of service provision:	Aug 13, 2014 07:19:23 EDT

If you are a new Single Sign On account user and have any problems accessing your account, please contact the State of Michigan Client Service Center at 241-9700 or [1-800-968-2644](tel:1-800-968-2644).

The email includes a link back to the SSO login page to change the password.

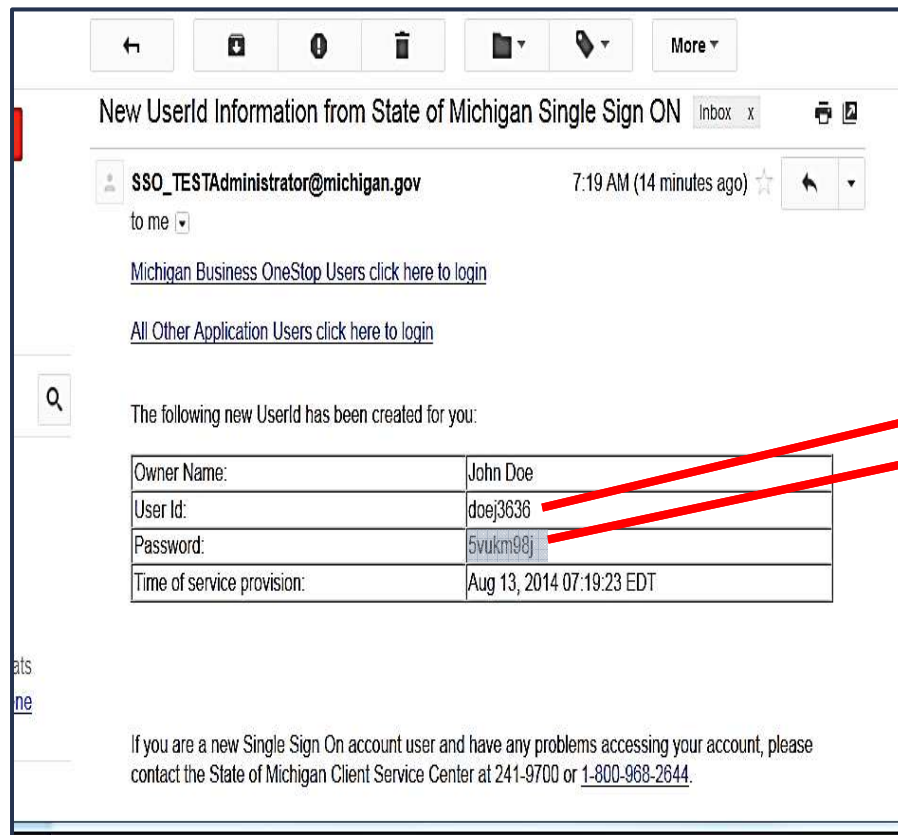
Click the **All Other Application Users click here to login** link.

***NOTE: If the link is broken or does not direct you back to the SSO login (see next step), enter <https://sso.state.mi.us/> into the search bar of your web browser.



Enter your User ID and temporary password in the corresponding boxes in the SSO login. Click **Login**.

*****NOTE: Highlight** your temporary password from the email by double-clicking on it, **right click** on the **highlighted** password, and select **copy** from the menu. Then **right click** the password box in SSO and select **paste** from the menu.



New UserId Information from State of Michigan Single Sign ON

SSO_TESTAdministrator@michigan.gov 7:19 AM (14 minutes ago)

to me

[Michigan Business OneStop Users click here to login](#)

[All Other Application Users click here to login](#)

The following new UserId has been created for you:

Owner Name:	John Doe
User Id:	doej3636
Password:	5vukm98j
Time of service provision:	Aug 13, 2014 07:19:23 EDT

If you are a new Single Sign On account user and have any problems accessing your account, please contact the State of Michigan Client Service Center at 241-9700 or 1-800-968-2644.



State of Michigan Single Sign On

Please Login or Sign-Up to use Single Sign-On

Login

User ID:
doej3636

Password:

Login

Forgot Password?

If you have forgotten your password, click Need Password.
Single Sign-On system will email you a new temporary password.

Need Password

Because the password is temporary, you will be informed the password has “expired” and will be prompted to change it.

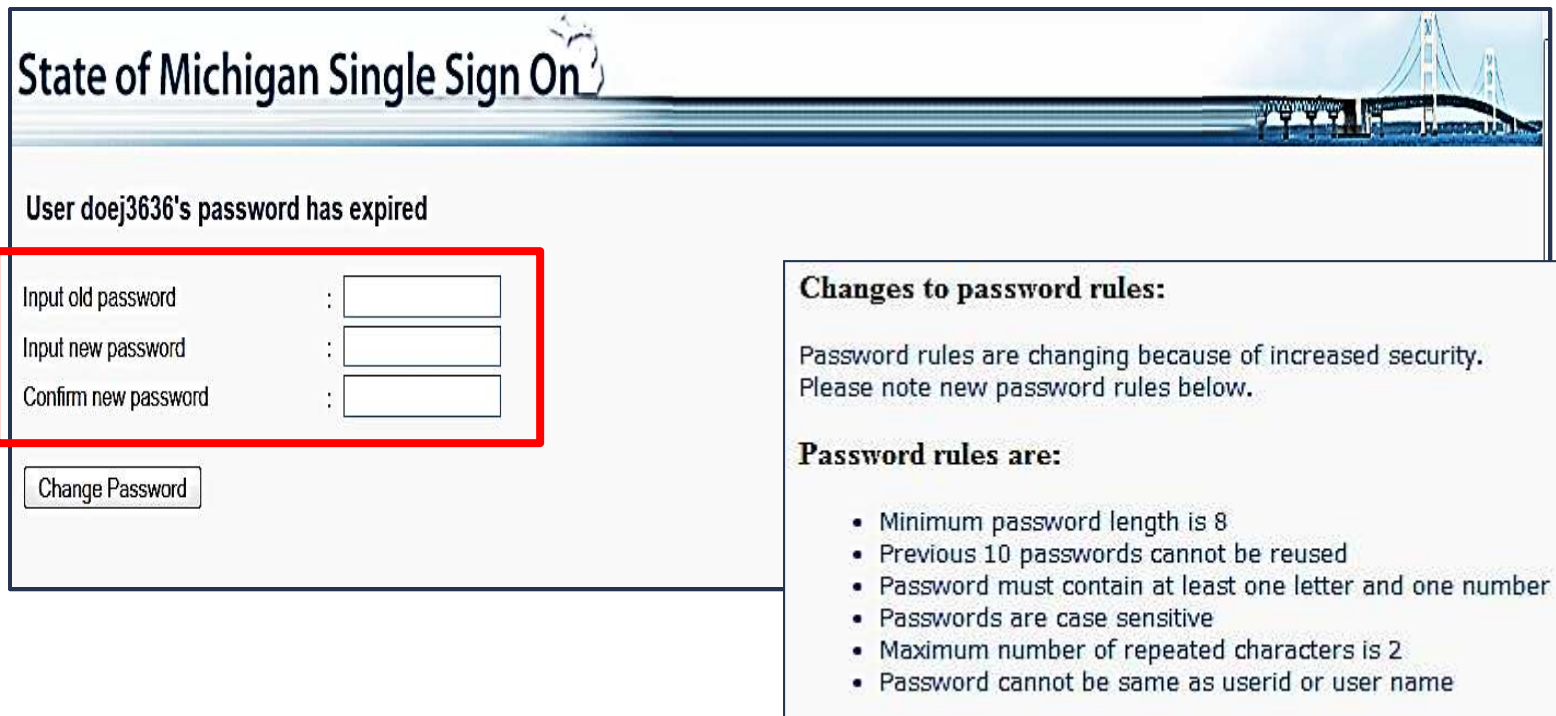
Copy and paste the old password in the corresponding box.

Choose a new password and enter it in the two corresponding boxes.

Click **Change Password**.

***NOTE: The password is *upper- and lower-case sensitive*, so be sure to enter it correctly both times (e.g. “PassWord11” is different than password11).

***NOTE: Passwords will only be accepted if they abide by *all* of the password rules listed on this page.



The screenshot shows the 'State of Michigan Single Sign On' password change page. At the top, there is a header with the text 'State of Michigan Single Sign On' and a background image of a bridge over water. Below the header, a message states 'User doej3636's password has expired'. The main form area contains three input fields: 'Input old password', 'Input new password', and 'Confirm new password', each followed by a colon and a text box. These three input fields are grouped together and highlighted with a red rectangular border. Below the input fields is a button labeled 'Change Password'. To the right of the input fields, there is a section titled 'Changes to password rules:' which contains a paragraph stating 'Password rules are changing because of increased security. Please note new password rules below.' and a list of password rules under the heading 'Password rules are:'. The rules listed are: Minimum password length is 8, Previous 10 passwords cannot be reused, Password must contain at least one letter and one number, Passwords are case sensitive, Maximum number of repeated characters is 2, and Password cannot be same as userid or user name.

State of Michigan Single Sign On

User doej3636's password has expired

Input old password :

Input new password :

Confirm new password :

Changes to password rules:

Password rules are changing because of increased security. Please note new password rules below.

Password rules are:

- Minimum password length is 8
- Previous 10 passwords cannot be reused
- Password must contain at least one letter and one number
- Passwords are case sensitive
- Maximum number of repeated characters is 2
- Password cannot be same as userid or user name

You will be taken to a screen with four **Challenge/Response** questions. Answer all four questions and confirm your answers in the second column. Click **OK**.

This allows you to reset your password in the event you forget it in the future.

***NOTE: These answers are not case sensitive.

State of Michigan Single Sign On

User ID: scotts14 [Sign Off](#)

Change Challenge/Response Answers

Change your answers and click OK. You must provide an answer to each challenge.
Answers are **not** case sensitive.

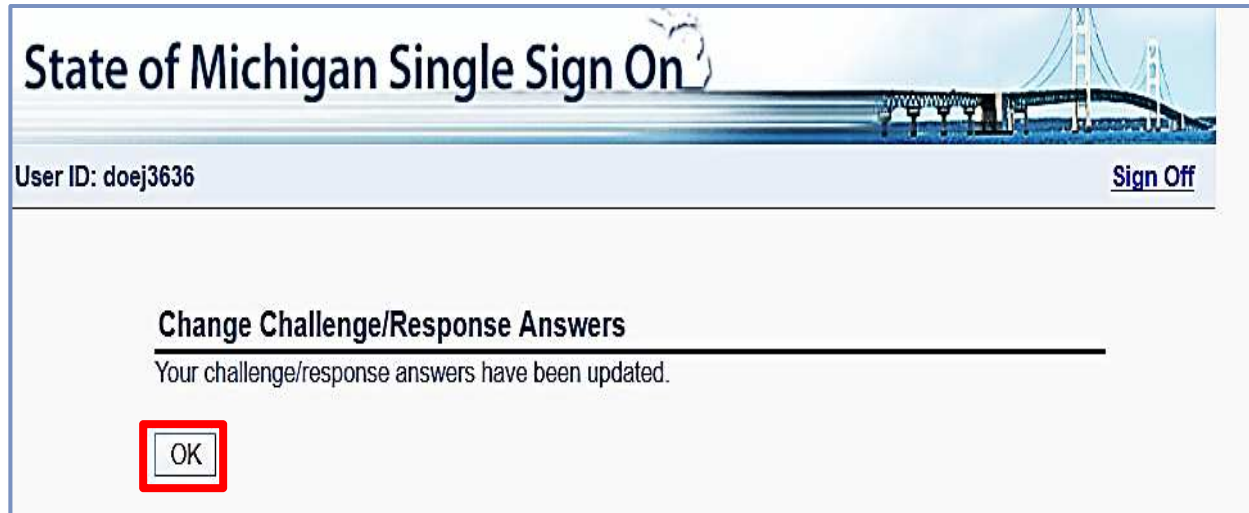
What is the name of the city in which you were born?
Answer:
Confirm Answer:

What is your fathers middle name?
Answer:
Confirm Answer:

What is your mothers maiden name?
Answer:
Confirm Answer:

What are the last four (4) digits of your social security number?
Answer:
Confirm Answer:

The following screens will be displayed.
Click **OK** on the first.
Click **Done** on the second.
You will be returned to the Application Portal.




State of Michigan Single Sign On

User ID: doej3636 [Sign Off](#)

Change Challenge/Response Answers

Your challenge/response answers have been updated.



State of Michigan Single Sign On

User ID: doej3636 [Sign Off](#)

Account Maintenance

- [Change My Personal Information](#)
- [Change My Password](#)
- [Change My Challenge/Response Answers](#)

Below is a picture of the Application Portal page.
To subscribe to CHAMPS, click on the **Subscribe to Applications** hyperlink.



The screenshot shows the 'State of Michigan Single Sign On' application portal. At the top, there is a banner with the text 'State of Michigan Single Sign On' and a graphic of a bridge. Below the banner, the title 'Application Portal' is displayed. A welcome message reads 'WELCOME John Doe,' followed by a notification: 'Your password will expire in 121 days.' A horizontal line separates this from the main content area, which states: 'You are NOT currently subscribed for any applications. If you wish to subscribe for application access please click on the Subscribe to Applications link below.' At the bottom, there are two links: 'Subscribe to Applications' (highlighted with a red box) and 'Account Maintenance Sign Off'.

State of Michigan Single Sign On

Application Portal

WELCOME **John Doe**,

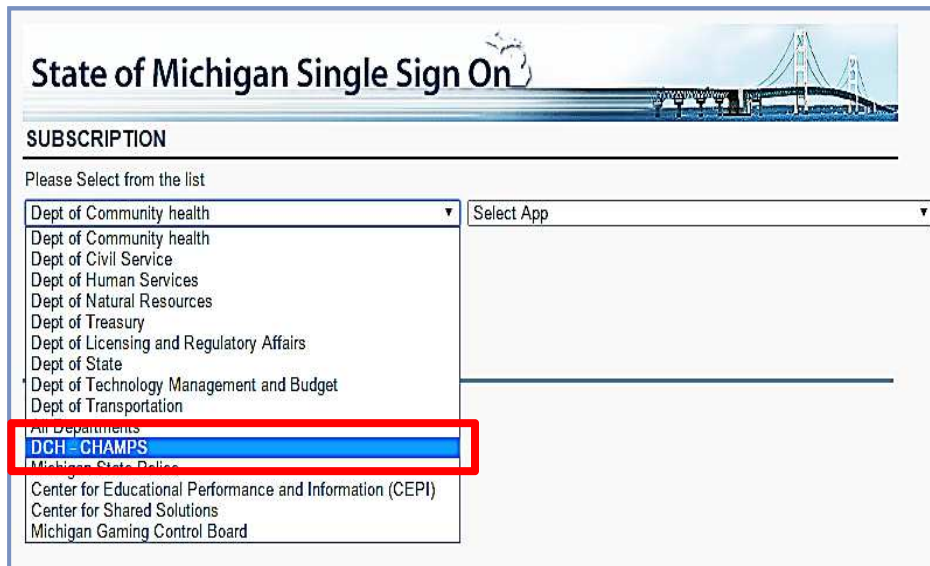
Your password will expire in 121 days.

You are **NOT** currently subscribed for any applications. If you wish to subscribe for application access please click on the Subscribe to Applications link below.

Subscribe to Applications

Account Maintenance Sign Off

Below is a picture of the Subscription page.
From the first drop-down menu, select **DCH-CHAMPS**.
From the second drop-down menu, select **CHAMPS**.
Click **Next**.



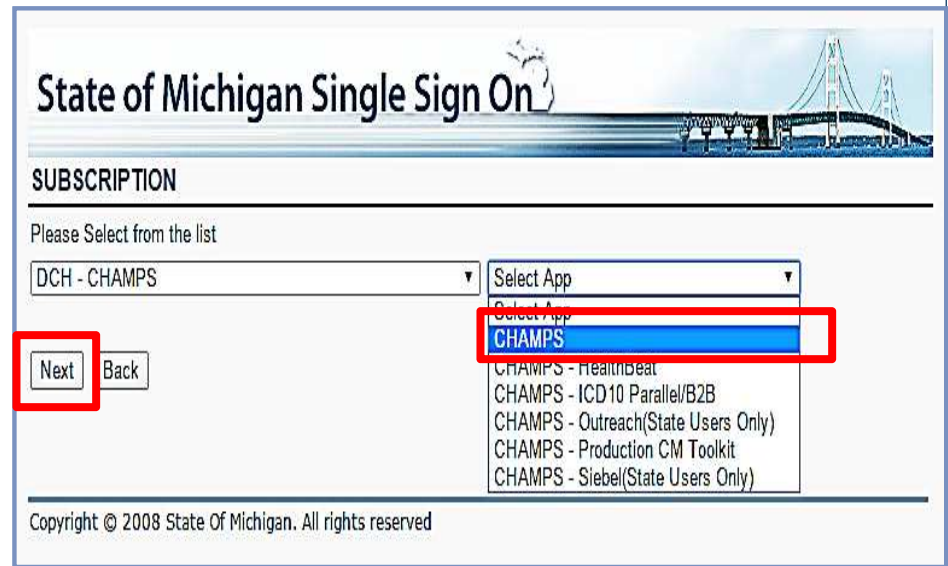
State of Michigan Single Sign On

SUBSCRIPTION

Please Select from the list

Dept of Community health
Dept of Community health
Dept of Civil Service
Dept of Human Services
Dept of Natural Resources
Dept of Treasury
Dept of Licensing and Regulatory Affairs
Dept of State
Dept of Technology Management and Budget
Dept of Transportation
DCH - CHAMPS
Michigan State Police
Center for Educational Performance and Information (CEPI)
Center for Shared Solutions
Michigan Gaming Control Board

Select App



State of Michigan Single Sign On

SUBSCRIPTION

Please Select from the list

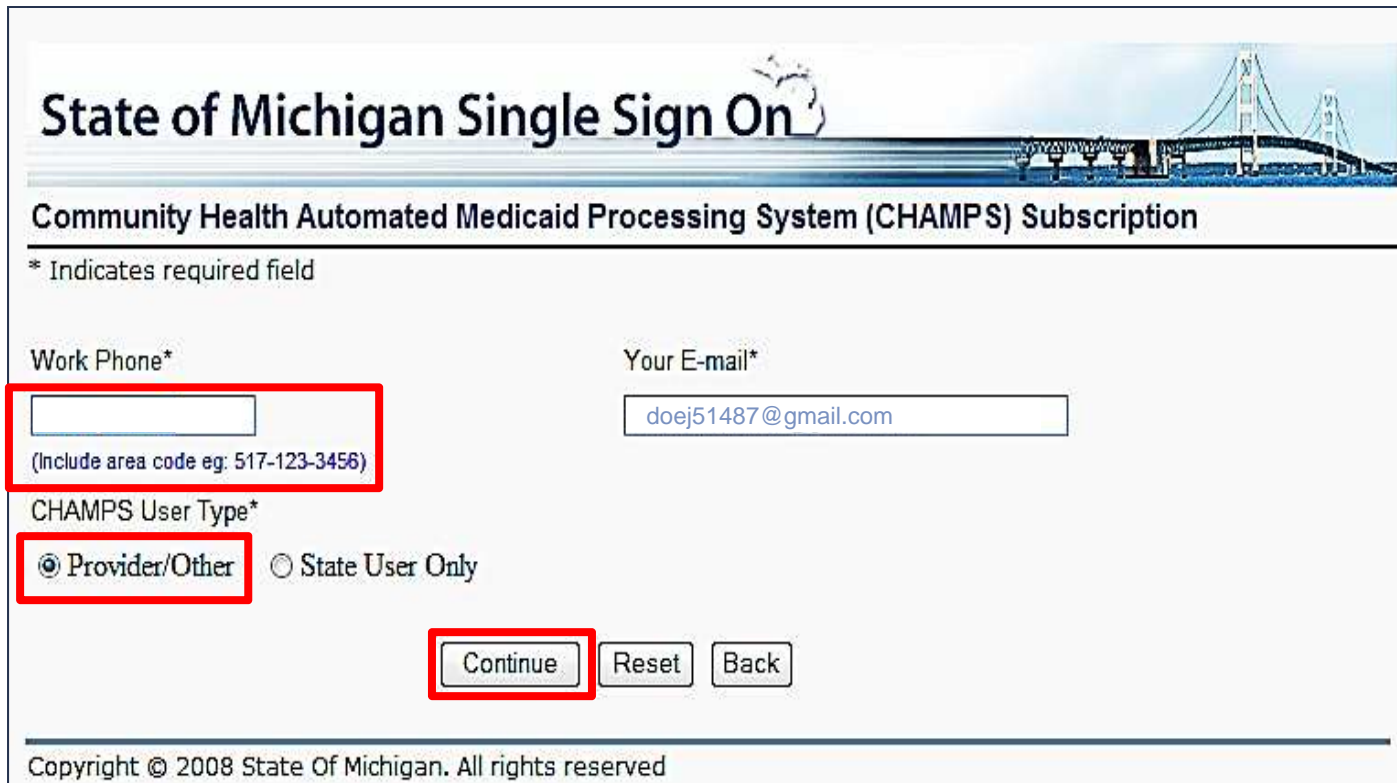
DCH - CHAMPS

Select App
Select App
CHAMPS
CHAMPS - HealthBeat
CHAMPS - ICD10 Parallel/B2B
CHAMPS - Outreach(State Users Only)
CHAMPS - Production CM Toolkit
CHAMPS - Siebel(State Users Only)

Next Back

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Enter your *agency's phone number*, including the area code and dashes
(For example, 123-456-7890)
Choose **Provider/Other** for CHAMPS User Type.
Click **Continue**.



The image shows a web form titled "State of Michigan Single Sign On" with a Michigan state logo. Below the title is a banner image of a bridge. The form is for the "Community Health Automated Medicaid Processing System (CHAMPS) Subscription". It includes a legend: "* Indicates required field". There are two required fields: "Work Phone*" and "Your E-mail*". The "Work Phone*" field is empty and highlighted with a red box, with a hint "(Include area code eg: 517-123-3456)" below it. The "Your E-mail*" field contains "doej51487@gmail.com". Below these is the "CHAMPS User Type*" section, which has two radio button options: "Provider/Other" (selected and highlighted with a red box) and "State User Only". At the bottom right are three buttons: "Continue" (highlighted with a red box), "Reset", and "Back". The footer states "Copyright © 2008 State Of Michigan. All rights reserved".

State of Michigan Single Sign On

Community Health Automated Medicaid Processing System (CHAMPS) Subscription

* Indicates required field

Work Phone*

(Include area code eg: 517-123-3456)

Your E-mail*


CHAMPS User Type*

☒ Provider/Other ☐ State User Only

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Review the following information.
If anything needs to be changed, click **Back**.
If everything is correct, click **Confirm**.

State of Michigan Single Sign On



User Enrollment Confirmation For: CHAMPS - HealthBeat

Please review the following information. Click Confirm or Back.

User Info

User ID	: doe3636
Email Address	: doe51487@gmail.com
Full Name	: John Doe
Phone Number	: 999-999-9999
CHAMPS UserType	: Provider

Confirm

Back

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Click **Close** to close the window.

Be sure you **Sign Off** the Application Portal before advancing to the next step.

State of Michigan Single Sign On

Your subscription request has been submitted successfully. You will be notified upon approval.

[Close](#)

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State of Michigan Single Sign On

Application Portal

WELCOME **Jane Doe**,

Your password will expire in 121 days.

You are currently subscribed to the following applications:

- [CHAMPS](#)

[Subscribe to Applications](#) [Add new Roles to Existing Subscription](#)
[Account Maintenance](#) [Sign Off](#)

Verify Provider Information

This step completes the registration for CHAMPS.

Sign into the State of Michigan Single Sign On by going to **<http://sso.state.mi.us>** and entering your User ID and Password. This will take you to the Single Sign On Application Portal.

Google - Windows Internet Explorer

https://sso.state.mi.us/

State of Michigan Single Sign On

INTERNET

Please Login or Sign-Up to use Single Sign-On

Login

User ID:

Password:

Login

Forgot Password?

If you have forgotten your password, click Need Password. Single Sign-On system will email you a new temporary password.

Need Password

Michigan.gov Home | Help

Below is the display of the Application Portal.
Click on the **CHAMPS** hyperlink.
Read the MDCH Systems Use Notification on the next page and click **Acknowledge/Agree**.

***NOTE: You will have to do this every time you access CHAMPS.

State of Michigan Single Sign On

Application Portal

WELCOME Jane Doe,

Your password will expire in 121 days.

You are currently subscribed to the following applications:

• CHAMPS

[Subscribe to Applications](#)

[Account Maintenance](#)

[Add new Roles to Existing Subscription](#)

[Sign Off](#)

State of Michigan Single Sign On

User ID: doej1111

[Sign Off](#)

MDCH Systems Use Notification

The Michigan Department of Community Health's (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.

Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.

Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.

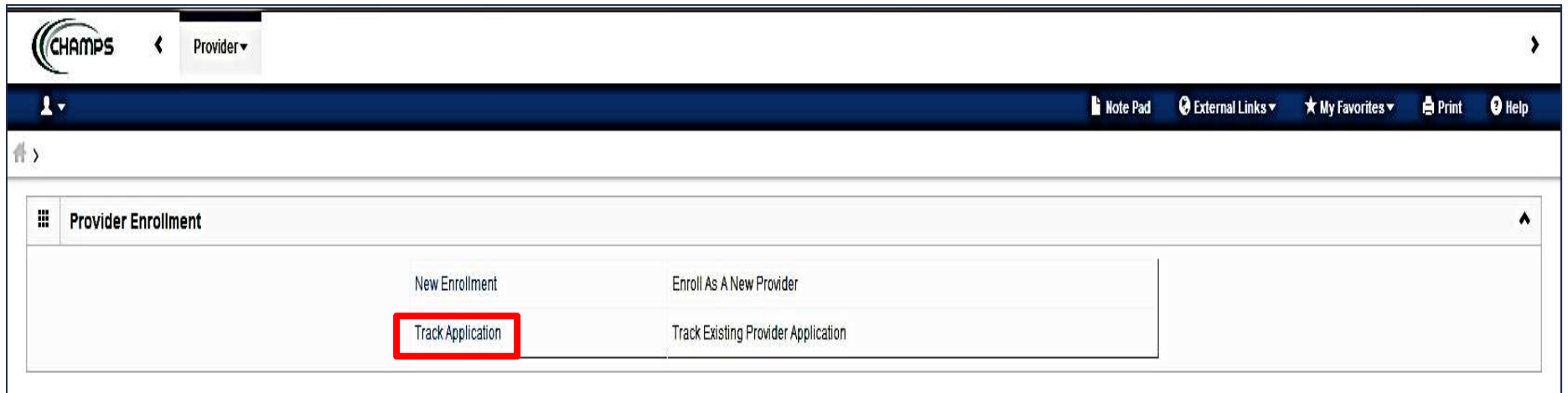
All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

By accessing information provided by the Michigan Department of Community Health computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.

Acknowledge/Agree

Cancel

Below is the display of the CHAMPS home page for an existing provider.
Click on the **Track Application** hyperlink.



In the **Request Domain Access** section, click on the **Home Help Providers requesting access to their information** hyperlink.

The screenshot displays the CHAMPS Provider interface. At the top, there is a header with the CHAMPS logo, a 'Provider' dropdown menu, and a navigation bar with links for 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'. Below the header, the main content area is titled 'Track Application'. It contains two sections: 'Track Existing Application' and 'Request Domain access'. The 'Track Existing Application' section has a text prompt 'Please provide the Application ID to track your application.' and an input field for 'Application ID:'. The 'Request Domain access' section is highlighted with a red circle and contains a text prompt 'Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time, provide the Application ID to track your application.' and a hyperlink 'Home Help Providers requesting access to their information' which is also highlighted with a red box.

CHAMPS

Provider

Track Application

Close Submit

Track Existing Application

Please provide the Application ID to track your application.

Application ID:

Request Domain access

Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time, provide the Application ID to track your application.

[Home Help Providers requesting access to their information](#)

Choose **Agency**.

Enter the required information indicated by the asterisk (*).

Check the box verifying that you have read and agree with the **Terms and Conditions**.

Click **Submit**.

Click **OK** on the text box that pops up.

***NOTE: The information you enter *must be exactly the same* as it was entered in the old system, Bridges. If you are unsure how your information was entered in Bridges or the message in the text box says it could not find your information, please call the Home Help Hotline for assistance: **1-800-979-4662**.

The screenshot displays a web application interface for 'Request Domain Access'. The main form is titled 'Request Access to Home Help Provider Info' and includes a 'Close' button and a 'Submit' button (both highlighted with red boxes). The form asks the user to select between 'Individual' and 'Agency' (the 'Agency' option is selected and highlighted with a red box). Below this, there are three required fields: 'Agency:' (with a sub-field 'EIN/TIN:'), 'Organization Business Name:', and 'Zip Code:'. A 'Message from webpage' dialog box is open, displaying a warning icon and the message: 'We found your information in our system and can give you access. To access your information please log out and log back into CHAMPS and select your name in the 'Select Domain' box at that time.' An 'OK' button is highlighted with a red box. Below the form, there is a 'Terms & Conditions' section with a checkbox and the text: 'By checking this, I certify that I have read and that I agree and accept the terms above.' (highlighted with a red box). The footer contains the following information: Page ID: pgRequestDomainAccess(Provider), Environment: UAT (Server: wtw301.85 - Build: R8_5.3.1), and Server Time: 05/28/2015 10:08:42 EDT.

Track Application > Request Domain Access

Close Submit

Request Access to Home Help Provider Info

Please select to request CHAMPS access to home help provider info

☐ Individual

☒ Agency

Agency:

EIN/TIN: *

Organization Business Name: *

Zip Code: *

Message from webpage

We found your information in our system and can give you access. To access your information please log out and log back into CHAMPS and select your name in the 'Select Domain' box at that time.

OK

Terms & Conditions


In applying for CHAMPS access as a Home Help Provider in the Medicaid Assistance Program (and programs for which the Michigan Department of Community Health (MDCH) is the fiscal intermediary), I represent and certify as follows:

1. I am the applicant and/or the employer and certify that I have the authority to execute this on behalf of myself and/or the agency.
2. All of the information provided is true and accurate.

☐ By checking this, I certify that I have read and that I agree and accept the terms above.

Page ID: pgRequestDomainAccess(Provider) Environment: UAT (Server: wtw301.85 - Build: R8_5.3.1) Server Time: 05/28/2015 10:08:42 EDT

You are now enrolled to access Electronic Service Verification.
Click **Logout** to completely exit the system.



Provider ▾

Note PadExternal Links ▾My Favorites ▾PrintHelp

Logout

Track Existing Application

Please provide the Application ID to track your application.
Application ID:

Request Domain access

Click the below link if you are an Existing Home Help Individual or Agency accessing CHAMPS system for the first time. provide the Application ID to track your application.
Home Help Providers requesting access to their Information

Provider Resources

- Home Help Provider Support Hotline:
1-800-979-4662
- Home Help Provider Support Email:
ProviderSupport@Michigan.gov
- Home Help Provider FAQ document: Go to Michigan.gov/homehelp and click on the Home Help Frequently Asked Questions (FAQs) link under the Additional Home Help Resources heading